

**State of California
Office of Administrative Law**

In re:
Division of Workers' Compensation

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections: 55.1
Amend sections: 1, 11, 11.5, 14, 33, 35, 35.5,
50, 51, 55, 63
Repeal sections: 52, 54, 56, 57, 10133.54,
10133.55

NOTICE OF APPROVAL OF REGULATORY
ACTION

Government Code Section 11349.3

OAL Matter Number: 2024-0111-02

OAL Matter Type: Regular (S)

In this resubmitted rulemaking action, the Department amends its regulations to revise its definitions, add two hours of anti-bias training as an eligibility requirement for initial Qualified Medical Evaluator (QME) appointment, and revise QME course requirements. The Department also amends its regulation related to the unavailability of QMEs and various regulations related to reappointments.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 2/26/2024.

Date: February 26, 2024



Thanh Huynh
Senior Attorney

For: Kenneth J. Pogue
Director

Original: George Parisotto, Administrative
Director

Copy: Winslow West

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2023-0109-01	REGULATORY ACTION NUMBER 2024-0111-025	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
RESUBMITTAL		RESUBMITTAL	
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 26 2024

1:45 PM

OFFICE OF ADMIN. LAW
2024 JAN 11 AM 11:20

AGENCY WITH RULEMAKING AUTHORITY Division of Workers' Compensation	AGENCY FILE NUMBER (if any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2023-3-2	PUBLICATION DATE 1-20-23	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Qualified Medical Evaluator Process Regulations	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-0802-01C, 2008-1120-03C 2023-0815-02S
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT 5S.1	AMEND 1, 11, 11.5, 14, 33, 35, 35.5, 50, 51, 52, 54 , 55, 55.1 , 56, 57, 63	REPEAL 10133.54, 10133.55, 52, 54, 56, 57
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3. TYPE OF FILING	Emergency Readopt (Gov. Code, §11346.1(h))	Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		
<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.		
<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
1/20/2023-3/13/2023; 5/12/2023-5/30/2023; 11/21/2023-12/11/2023 ; **12/18/2023 - 1/5/2024**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
 Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) Effective on filing with Secretary of State \$100 Changes Without Regulatory Effect Effective other (Specify) **April 1, 2024**

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
 Department of Finance (Form STD. 399) (SAM §6660) Fair Political Practices Commission State Fire Marshal
 Other (Specify)

7. CONTACT PERSON Winslow West	TELEPHONE NUMBER 510-286-7108	FAX NUMBER (Optional) (510) 286-0687	E-MAIL ADDRESS (Optional) wwest@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 1/10/2024
TYPED NAME AND TITLE OF SIGNATORY George Parisotto, Administrative Director	

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ENDORSED APPROVED

FEB 26 2024

Office of Administrative Law